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APPLICANTS

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** CONTINUING DATA ****

This appln claims benefit of 60/417,294 10/09/2002 *OK AL*** FOREIGN APPLICATIONS **** *None AL*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>Annette Lauer AL</i> Examiner's Signature Initials		MA	5	20	2

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TITLE

Intervertebral motion disc having articulation and shock absorption

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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1.18 Fees (Issue)

Other _____

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